IDAHO DEPARTMENT OF HEALTH AND WELFARE Division of Behavioral Health/Substance Use Disorders Services

450 West State, 3rd Floor P.O. Box 83720 Boise, Idaho 83720-0036

STATE OF IDAHO DUI EVALUATOR LICENSE APPLICATION/RENEWAL

PLEASE PRINT OR TYPE

SIGNATURE

Home Address:	(City)	(S	tate)	(Zip)		
Home Phone:	E-Mail Address;					
Please complete the fo Evaluator Directory:	llowing as you would like it to appear on you	er license and in	the Subst	ance Abuse DUI		
Name:	···		, ·, ·			
Business Name:			 			
Business			4.			
Address :	(City)	(State)	(Zip)_			
Mail Address:	(City)	(State)	(Zip) _			
Business Phone:	E-MailAd	ldress:				
SEE REVERSE SIDE	OF APPLICATION FOR RENEWALS.					
A. A current cop B. A detailed of alcohol/drug and a copy of duties perform C. A statement if D. A detailed his assessment, of E. Application for the statement if the control of the statement in the control of the co	py of professional license(s), or certification(s). employment history showing dates and hours of evaluation or treatment program, the name of the of their certification credential or license as an amed, indicating the fee to be charged for the evaluation, istory of at least twenty (20) hours of continuing exconfidentiality, and referral attended in the twelve (fee of \$25.00. This is a processing fee and is non-reactive to the expectation of the example of the example of the example of the example of \$25.00. This is a processing fee and is non-reactive of the example of \$25.00.	of supervised emple program, the nate of the program, the nate of the program of	ployment me of the selor, and substance	experience in an direct supervisor the nature of the abuse screening,		

DATE

RENEWAL FOR DUI EVALUATOR LICENSE

According to IDAPA 16.06.08 – Rules and Minimum Standards for DUI Evaluators states in LICENSURE Section 200.04.a. "At least sixty (60) days prior to the expiration of the license, the licensee will apply for a renewal of the license on forms provided by the Department. The application shall be accompanied by a twenty-five dollar (\$25.00) renewal fee payable to the Department." Failure to renew within the guidelines of these standards could result in license expiration. To obtain a new license, the person may be required to comply with the requirements and procedures for obtaining an initial license.

FOR RENEWAL YOU MUST SEND:

- A. Application form with updated information.
- B. A statement indicating the evaluation fee you will charge.
- C. Continuing Education Credits: the licensee must participate in a minimum of twelve (12) hours of Department approved substance abuse related continuing education each year, and submit verification of continuing education credits with the renewal application.
- D. A renewal packet will not be processed until it is complete and all required documentation is received.
- E. Current Copy of Certification or License: the licensee must have a copy of current Idaho Board of Alcohol/Drug Counselor's Certifications; copy of Idaho Licensed, Licensed Clinical, or Licensed Masters Social Worker license; Idaho Licensed Professional Counselor license; Idaho Licensed Marriage and Family therapist license; or Idaho Registered Marriage and Family Therapist Intern license. A licensee must at all times hold a current certificate or professional license in order to meet the educational requirement in Subsection 225.01 of these rules.
- F. Renewal fee of \$25.00. This is a processing fee only and is non-refundable.

Have you had a substance-related violation Have you been convicted of a felony with	_		
By my signature below I represent: (A) responsibility to comply with these reevaluation and provide the recommended	ules; (B) acknowle	edge that I canno	t perform both the
SIGNATURE		DATE	
For Office Use Only:			
Date Received: Fee pai	d: YesN	Date Fee	Paid:
Documents Attached: Fee Statement	Continuing I	Education	
Copy of Certification or License Meets minimum requirements: Yes No			